

<b>Case Number:</b>	CM14-0086386		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/09/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 58 year old female who was injured on 01/09/2011. The mechanism of injury is unknown. Prior medication history included levothyroxine, atrovastatin, famotidine, Ultracet, and Ambien. Progress report dated 05/15/2014 indicates the patient presented with bilateral shoulder pain that has been persistent. The pain becomes more intense with activity. She also reported feeling stiff after prolonged resting. On examination of the right shoulder, grip strength is 28/22/19; grip strength on the left is 25/20/23. Diagnoses are bilaterally shoulder pain with rotator cuff tear, left-sided lateral epicondylitis; bilateral chronic trapezial strain; chronic cervical strain and probable depression secondary to her industrial injury. She was instructed to continue with her medications. Prior utilization review dated 06/06/2014 by [REDACTED] states the requests are non-certified for Retrospective review of 30 Tablets of Zolpidem 10mg DOS 5/16/14, and Retrospective review of 20 tablets of Ultracet 37.5/325mg DOS 5/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retrospective review of 30 Tablets of Zolpidem 10mg DOS 5/16/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA 2013, 2007.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien®).

**Decision rationale:** As per ODG, Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Sleeping medications can be habit-forming, and they may impair function and memory more than opioid pain relievers. The medical record showed prescription as ongoing treatment. Therefore, the medical necessity of Zolpidem has not been established according to the guidelines.

**Retrospective review of 20 tablets of Ultracet 37.5/325mg DOS 5/16/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, pages 72-94 Page(s): 72-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

**Decision rationale:** As per CA MTUS guidelines, Tramadol is a synthetic opioid affecting the central nervous system and is recommended for moderate to severe pain. The guidelines indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Records review indicates that this patient has persistent bilateral shoulder pain and has been prescribed ultracet (tramadol/APAP) chronically. The recent notes did not document how ultracet is helping with physical and psychosocial functional improvement. As such, the medical necessity is not established.